## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Title:: BASSINET AND CHANGING TABLE

**ASSEMBLY** 

Attorney Docket Number:: 061270-0893

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joshua E.

Family Name:: CLAPPER

City of Residence:: King of Prussia

State or Province of PA

Residence::

Country of Residence:: US

Street of mailing address::

565 Hidden Valley Road

City of mailing address::

King of Prussia

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19406

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

Full Capacity

Given Name::

Cindy

Family Name::

BERKEY

City of Residence::

Honey Brook

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

6247 Engletown Road

City of mailing address::

Honey Brook

State or Province of mailing

PA

address::

Postal or Zip Code of mailing

19344

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

Full Capacity

Given Name::

Richard H.

Family Name::

MATTHEWS

City of Residence::

Phoenixville

State or Province of

PA

Residence::

Country of Residence::

US

Street of mailing address::

214 Dylan Lane

City of mailing address::

Phoenixville

State or Province of m	nailing F	PA			
address::					
Postal or Zip Code of	mailing	19460			
address::					
Correspondence Infor	mation			•	
Carrenandanaa Cust	tomor Numl	hor: 22	428		
Correspondence Customer Number:: E-Mail address::			PTOMailWashington@Foley.com		
E-IVIAII address::			F   Ownaniv vashington@i oley.com		
Representative Inform	nation				
Representative Custo	mer 2	2428			
Number::					
		-			
Domestic Priority Information					
Application::	Continuity 1	Гуре::	Parent	Parent Filing	
			Application::	Date::	
Familian Dalasitu Inform	tion				
Foreign Priority Infor	mation				
Country::	Applicatio	n	Filing Date::	Priority Claimed::	
,	number::				
	l				
Assignee Information	1				
Assignee name::	Graco Children's Products Inc.				